

SECRET

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						OMS-1	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
Weekly Report of Significant Activities						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
<input checked="" type="checkbox"/>		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
5		Weekly		1			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memorandum		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DD/S Adm Instruction No. 65-7, dtd 18 May 65			
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Executive Staff, Office of Medical Services				10, verbally from staffs and divisions			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-15 (1)	\$13		2		\$26		52 \$1,352
GS-8 (1)	5		2		10		52 520
GS-5 (1)	3		1		3		52 156
							<u>\$2,028</u>
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) MAN-HOURS DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
5 Oct 1970		Executive Officer, OMS					

SECRET

Classification

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

## REPORTS INVENTORY

FORM NO.

PREPARE IN DUPLICATE

OMS-2

1. TITLE OF REPORT (if a fill-in report include Form No.)

Highlights

2. TYPE  
OF  
REPORT

STATISTICAL

XXX NARRATIVE

MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

LOGISTICS

SECURITY

XXX

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

4

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Annually

6. DISTRIBUTION (No. of components not  
number of copies)

1

7. FORMAT (memorandum, form  
computer print-out, etc)  
Memorandum

8. ADP PROCESSING

YES

IF YES GIVE ADP PROCESSING NO.

XXX

NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

DD/S Memo to Office Heads, dtd

8 Aug 67

10. PREPARING COMPONENT (include lowest level  
contributing information to report)Executive Staff, Office of  
Medical Services11. FEEDER REPORTS (State total number and identify by Title,  
Form No., or nomenclature. Attach separate sheet if necessary.)

None

## 12. COST FACTORS

## A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-15 (1)	\$13		16		\$208		1		\$208
GS-8 (1)	5		2		10		1		10
									\$218

## B. COSTS OF COMPUTER PRODUCED REPORTS

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## TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,  
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

## 14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

RETAIN AS IS

OTHER (explain)

MAN-HOURS

DOLLARS

CHANGE

DISCONTINUE

16. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

25X1 2 Oct 1970

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

Executive Officer, OMS

25X1

FORM 1142

Classification  
SECRET

(22-36-43)

SECRET

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						OMS-3	
1. TITLE OF REPORT (If a fill-in report include Form No.) Medical Duty Officer/Saturday Duty Officer Report						2. TYPE OF REPORT	
						STATISTICAL	
						<input checked="" type="checkbox"/> NARRATIVE	
						MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
<input checked="" type="checkbox"/> MEDICAL				FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
2		Weekly		1			
7. FORMAT (memorandum, form computer print-out, etc.) Memorandum		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
		YES IF YES GIVE ADP PROCESSING NO.		OMS Regulation #15-16, dtd			
<input checked="" type="checkbox"/> NO				20 Apr 1965			
10. PREPARING COMPONENT (include lowest level contributing information to report) Support Division, Office of Medical Services				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-10 -	Average						
GS-16	\$9.50	1/2		\$4.75	52		
GS-05	\$3.50	1/2		\$1.75			
				\$6.50			\$338.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  To advise Director of Medical Services of any significant problems that may arise after duty hours and on the weekends.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)					MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY 2 October 1970						18. EXTENSION	

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

**SECRET**

Approved For Release 2006/05/24 : CIA-RDP75-00398R000100170002-7

<b>REPORTS INVENTORY</b>						CONTROL NO. <b>OMS-4</b>					
PREPARE IN DUPLICATE											
1. TITLE OF REPORT (If a fill-in report include Form No.) <b>Medical Action Group Duty Officer Report</b>						2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STATISTICAL</td></tr> <tr><td><input checked="" type="checkbox"/> NARRATIVE</td></tr> <tr><td>MACHINE-NAME LISTING</td></tr> </table>		STATISTICAL	<input checked="" type="checkbox"/> NARRATIVE	MACHINE-NAME LISTING	
STATISTICAL											
<input checked="" type="checkbox"/> NARRATIVE											
MACHINE-NAME LISTING											
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL					
		LOGISTICS		SECURITY		OTHER (specify)					
<input checked="" type="checkbox"/> MEDICAL				FINANCE							
4. NO. OF COPIES PREPARED <b>One</b>		5. FREQUENCY (weekly, monthly, quarterly, etc.) <b>Bi-weekly</b>			6. DISTRIBUTION (No. of components not number of copies) <b>D/MS</b>						
7. FORMAT (memorandum, form computer print-out, etc) <b>Memorandum Form</b>		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>YES</td><td>IF YES GIVE ADP PROCESSING NO.</td></tr> <tr><td><input checked="" type="checkbox"/> NO</td><td></td></tr> </table>			YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT <b>Oral From D/MS</b>		
YES	IF YES GIVE ADP PROCESSING NO.										
<input checked="" type="checkbox"/> NO											
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  <b>None</b>							
<b>12. COST FACTORS</b>											
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>											
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR				
GS-11(AV)	7.00	15 minutes		\$1.75	26		\$45.50				
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>											
<b>TOTAL COSTS PER YEAR</b>											
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  <p align="center">To provide D/MS with report of activities of this special duty officer system which provides medical support primarily after duty hours. First report issued 30 June 1969.</p>											
<b>14. FUTURE GOALS</b>											
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MAN-HOURS</td> <td>DOLLARS</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		MAN-HOURS	DOLLARS		
MAN-HOURS	DOLLARS										
16. DATE OF INVENTORY <b>1 Oct 1970</b>						18. EXTENSION <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					

Approved For Release 2006/05/24 : CIA-RDP75-00398R000100170002-7

SECRET

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						OMS-5	
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	
25X1 Monthly [ ] Report						<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		<input checked="" type="checkbox"/> MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
5		Monthly				1. OMS 2. Operating Division	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memorandum		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Specific Letters of Instruction			
10. PREPARING COMPONENT (include lowest level contributing information to report)		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)					
[ ]		Reports are received monthly from [ ]					
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-11	6.50		3		19.50		12 234
GS-06	4.00		1		4.00		12 36
						270 x 11 = \$2,970	
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
25X1 [ ] reports are essential in order to keep Hqs/OMS advised of the nature and extent of their activities and to provide key information for Hqs direction of [ ] activities. 25X1							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) MAN-HOURS DOLLARS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
25X1 15 October 1970		Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7				OMS	

SECRET

REPORTS INVENTORY						CONTROL NO. OMS-6		ILLEGIB
PREPARE IN DUPLICATE								
1. TITLE OF REPORT (if a fill-in report include Form No.)  Psychiatric Staff Statistical Report						2. TYPE OF REPORT		<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA		<input type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input checked="" type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)		
4. NO. OF COPIES PREPARED  4		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Monthly		6. DISTRIBUTION (No. of components not number of copies)  3				
7. FORMAT (memorandum, form computer print-out, etc) Form		8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT Office of The Director of Medical Services				
10. PREPARING COMPONENT (include lowest level contributing information to report)  Psychiatric Staff/OMS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  None				
12. COST FACTORS								
A. MANUAL PREPARATION AND REVIEW COSTS								
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	= COST PER YEAR
GS-07	\$4.29		1		\$4.29			
GS-06	\$3.86		3		\$11.58		12	\$190.44
B. COSTS OF COMPUTER PRODUCED REPORTS								
TOTAL COSTS PER YEAR								
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  The PS Statistical Report was established as a monthly report in a memorandum to the Special Assistant, Chief, Medical Staff, from Chief, Psychiatric Division, dated 22 November 1955. This report is forwarded to the Offices of the Director of Medical Services and the Registrar/OMS for their use, and in addition is used for reference by Chief, Psychiatric Staff, in preparing briefing materials, estimating budget requirements, etc.								
14. FUTURE GOALS								
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS		
<input checked="" type="checkbox"/>	RETAIN AS IS		<input type="checkbox"/> OTHER (explain)			MAN-HOURS		DOLLARS
<input type="checkbox"/>	CHANGE							
<input type="checkbox"/>	DISCONTINUE							
16. DATE OF INVENTORY 5 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Chief, Psychiatric Staff/OMS						18. EXTENSION

SECRET

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

REPORTS INVENTORY					CONTROL NO. OMS-7		ILLEGIB	
PREPARE IN DUPLICATE								
1. TITLE OF REPORT (If a fill-in report include Form No.) Report of Current Hospitalizations and Treatment Cases					2. TYPE OF REPORT		STATISTICAL <input checked="" type="checkbox"/> NARRATIVE MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS <input checked="" type="checkbox"/> MEDICAL		TRAINING SECURITY FINANCE		ADMIN. GENERAL OTHER (specify)		
4. NO. OF COPIES PREPARED 3 plus 1 for each individual paragraph		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly			6. DISTRIBUTION (No. of components not number of copies) 3			
7. FORMAT (memorandum, form computer print-out, etc.) Memorandum		8. ADP PROCESSING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.			9. DIRECTIVE AUTHORITY REQUIRING REPORT Office of The Director of Medical Services			
10. PREPARING COMPONENT (include lowest level contributing information to report) Psychiatric Staff/OMS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None				
12. COST FACTORS								
A. MANUAL PREPARATION AND REVIEW COSTS								
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR	
GS-15	\$12.11	$\frac{1}{4}$	=	\$ 3.02		=		
GS-07	\$ 4.29	$\frac{1}{2}$ to $\frac{3}{4}$	=	\$ 3.21	52	=	\$323.96	
B. COSTS OF COMPUTER PRODUCED REPORTS								
TOTAL COSTS PER YEAR								
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  Established approximately September 1952. Established to keep the Office of the Director of Medical Services informed of current clinical cases.								
14. FUTURE GOALS								
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS		
16. DATE OF INVENTORY 15 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Chief, Psychiatric Staff/OMS					18. EXTENSION	

SECRET

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

REPORTS INVENTORY					CONTROL NO. OMS-8 [REDACTED] ILLEGIB	
PREPARE IN DUPLICATE						
1. TITLE OF REPORT (if a fill-in report include Form No.)					2. TYPE OF REPORT	
The [REDACTED] Quarterly Report					<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		<input type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input checked="" type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) Quarterly		6. DISTRIBUTION (No. of components not number of copies) 2		
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT Office of The Director of Medical Services		
10. PREPARING COMPONENT (include lowest level contributing information to report) Psychiatric Staff/OMS		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) None				
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	
GS-16	\$14.05		1		\$14.05	
GS-05	\$ 3.46		1		\$17.51	
				X	TIMES PREPARED	
					4	
				=	COST PER YEAR	
					\$70.04	
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. The requirement for the [REDACTED] Quarterly Report was established in a memorandum from [REDACTED] Acting Director of Medical Services, dated 22 June 1966.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT				ESTIMATED SAVINGS		
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE				<input type="checkbox"/> OTHER (explain)		
				MAN-HOURS		
				DOLLARS		
16. DATE OF INVENTORY 5 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Chief, Psychiatric Board/OMS			18. EXTENSION [REDACTED]	



SECRET

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

25X

REPORTS INVENTORY					CONTROL NO. OMS-9	
PREPARE IN DUPLICATE					ILLEGIB	
1. TITLE OF REPORT (If a fill-in report include Form No.)					2. TYPE OF REPORT	
Quarterly Report					<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		
		LOGISTICS		SECURITY		
<input checked="" type="checkbox"/> MEDICAL		FINANCE		ADMIN. GENERAL		
				OTHER (specify)		
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)		
3		Quarterly		2		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO		Office of The Director of Medical Services		
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Psychiatric Staff/OMS			None			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED = COST PER YEAR	
GS-16	\$14.05	1	=	\$14.05		
GS-05	\$ 3.46	1	=	\$17.51	4 \$70.04	
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
The requirement for the [redacted] Quarterly Report was established in a memorandum from [redacted] Acting Director of Medical Services, dated 22 June 1966.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT				ESTIMATED SAVINGS		
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE				<input type="checkbox"/> OTHER (explain) MAN-HOURS DOLLARS		
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION			18. EXTENSION	
5 October 1970		Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7 Chief, Psychiatric Staff/OMS				

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SECRET

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

REPORTS INVENTORY						CONTROL NO. OMS-10	
PREPARE IN DUPLICATE						ILLEGIBLE	
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	
Random Review of Applicant Files Approved for Employment						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
<input checked="" type="checkbox"/> MEDICAL				FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
3		Quarterly			2		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			Office of The Director of Medical Services		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Psychiatric Staff/OMS				None			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-17	\$16.10		1		\$16.10		
GS-07	\$ 4.29		1 $\frac{1}{4}$		\$ 5.36	4	\$85.84
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Established by a requesting memorandum from [REDACTED] Professional Advisor, Office of Medical Services, dated 13 March 1969.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
5 October 1970		Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7					

REPORTS INVENTORY					CONTROL NO.	
PREPARE IN DUPLICATE					OMS-11	
1. TITLE OF REPORT (If a fill-in report include Form No.) <b>Selection Processing Division Monthly Statistical Report</b>					2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL <input type="checkbox"/> LOGISTICS <input checked="" type="checkbox"/> MEDICAL		TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)
4. NO. OF COPIES PREPARED <b>7</b>		5. FREQUENCY (weekly, monthly, quarterly, etc.) <b>Monthly</b>		6. DISTRIBUTION (No. of components not number of copies) <b>OMS</b>		
7. FORMAT (memorandum, form computer print-out, etc.) <b>Memorandum</b>		8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT <b>D/MS</b>		
10. PREPARING COMPONENT (include lowest level contributing information to report) <b>Selection Processing Division</b>			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) <b>SSB 5 C/Nurse/SPD Dependent Selection</b>			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X TIMES PREPARED = COST PER YEAR
GS-11	\$6.68		1	=	\$ 6.68	12 \$ 80.36
GS-03	\$2.51		1	=	\$ 2.51	12 \$ 30.12
GS-04	\$2.91		12	=	\$34.92	12 \$419.04
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						\$529.52
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  <b>October 1967 - Selection Processing Division/OMS</b>						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					ESTIMATED SAVINGS MAN-HOURS DOLLARS	
16. DATE OF INVENTORY <b>23 SEP 1970</b>		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION <b>Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7</b>				18. EXTENSION

REPORTS INVENTORY					CONTROL NO.				
PREPARE IN DUPLICATE					OMS-12				
1. TITLE OF REPORT (If a fill-in report include Form No.)					2. TYPE OF REPORT				
Nursing Branch, OMS, Monthly Report					<input checked="" type="checkbox"/> STATISTICAL				
					<input type="checkbox"/> NARRATIVE				
					<input type="checkbox"/> MACHINE-NAME LISTING				
3. FUNCTIONAL AREA		PERSONNEL		TRAINING					
		LOGISTICS		SECURITY					
<input checked="" type="checkbox"/> MEDICAL		FINANCE		ADMIN. GENERAL					
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)					
1		Monthly		1					
7. FORMAT (memorandum, form computer print-out, etc) Form		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT					
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Chief, Clinical Division/OMS					
		IF YES GIVE ADP PROCESSING NO.							
10. PREPARING COMPONENT (include lowest level contributing information to report)			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)						
Nursing Branch, Office of Medical Services			3, verbally from outlying dispensaries and health rooms						
12. COST FACTORS									
A. MANUAL PREPARATION AND REVIEW COSTS									
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-11 (1)	\$6.50		1 1/2		\$9.75		12		\$117.00
GS-08 (1)	4.90		3/4		3.68		12		44.16
GS-07 (1)	4.50		3/4		3.38		12		40.56
									\$201.72
B. COSTS OF COMPUTER PRODUCED REPORTS									
TOTAL COSTS PER YEAR									
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.									
14. FUTURE GOALS									
GOAL PROPOSED BY COMPONENT FOR THIS REPORT							ESTIMATED SAVINGS		
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE							MAN-HOURS		DOLLARS
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION					18. EXTENSION		
8 October 1970		Chief, Clinical Division/OMS							

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						OMS-13	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
Laboratory Branch, OMS, Monthly Report						<input checked="" type="checkbox"/> STATISTICAL	
						<input type="checkbox"/> NARRATIVE	
						<input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
<input checked="" type="checkbox"/> MEDICAL				FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)				6. DISTRIBUTION (No. of components not number of copies)	
1		Monthly				1	
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Form		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.			Chief, Clinical Division/OMS		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Laboratory Branch, Clinical Division, OMS				None			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-11 (1)	\$6.50		1 1/2		\$9.75		12 \$117.00
GS-08 (1)	4.90		1/6		0.82		12 9.84
GS-09 (1)	5.40		1/6		0.90		12 10.80
						\$137.64	
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
8 October 1970		Chief, Clinical Division/OMS				OMS	

REPORTS INVENTORY					CONTROL NO.	
PREPARE IN DUPLICATE					OMS-14	
1. TITLE OF REPORT (If a fill-in report include Form No.) Immunization Branch, OMS, Monthly Report					2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL <input type="checkbox"/> LOGISTICS <input checked="" type="checkbox"/> MEDICAL		TRAINING <input type="checkbox"/> SECURITY <input type="checkbox"/> FINANCE		
4. NO. OF COPIES PREPARED 1		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly		6. DISTRIBUTION (No. of components not number of copies) 1		
7. FORMAT (memorandum, form computer print-out, etc) Form		8. ADP PROCESSING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.		9. DIRECTIVE AUTHORITY REQUIRING REPORT Chief, Clinical Division/OMS		
10. PREPARING COMPONENT (include lowest level contributing information to report) Immunization Branch, Office of Medical Services			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) 1, verbally from Selection Processing Division/OMS			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	
GS-06 (1)	\$4.00		1	=	\$4.00	
				X	TIMES PREPARED	
				=	COST PER YEAR	
					12	
					\$48.00	
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT				ESTIMATED SAVINGS		
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)				MAN-HOURS		
<input type="checkbox"/> CHANGE				DOLLARS		
<input type="checkbox"/> DISCONTINUE						
16. DATE OF INVENTORY 8 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Chief, Clinical Division/OMS			18. EXTENSION	

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<b>REPORTS INVENTORY</b>					CONTROL NO. <b>OMS-15</b>	
<b>PREPARE IN DUPLICATE</b>						
1. TITLE OF REPORT (if a fill-in report include Form No.)  Monthly Report - Physical Requirements Officer					2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS <input checked="" type="checkbox"/> MEDICAL		TRAINING SECURITY FINANCE		ADMIN. GENERAL OTHER (specify)
4. NO. OF COPIES PREPARED  2		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Monthly			6. DISTRIBUTION (No. of components not number of copies)  2	
7. FORMAT (memorandum, form computer print-out, etc)  Memorandum		8. ADP PROCESSING YES <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. NO <input checked="" type="checkbox"/>			9. DIRECTIVE AUTHORITY REQUIRING REPORT  Director of Medical Services	
10. PREPARING COMPONENT (include lowest level contributing information to report)  Registrar Branch, Support Division, Office of Medical Services				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  Selection Processing Division Monthly Report		
<b>12. COST FACTORS</b>						
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X TIMES PREPARED = COST PER YEAR
GS-05	\$3.00		2	=	\$6.00	12 \$72.00
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>						
<b>TOTAL COSTS PER YEAR</b>						\$72.00
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
<b>14. FUTURE GOALS</b>						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE <input type="checkbox"/> OTHER (explain)					ESTIMATED SAVINGS MAN-HOURS      DOLLARS	
16. DATE OF INVENTORY  1 October 1970					18. EXTENSION  25X1	

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SECRET

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REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						OMS-16	
1. TITLE OF REPORT (if a fill-in report include Form No.)						2. TYPE OF REPORT	
Program Plans						<input checked="" type="checkbox"/> STATISTICAL	
						<input checked="" type="checkbox"/> NARRATIVE	
						<input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
<input checked="" type="checkbox"/> MEDICAL		FINANCE					
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
11		Yearly			3		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Memorandum		<input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO			Program Call O/PPB		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Branch				8 Feeder reports in memorandum form			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
18 (1)	\$17		8		\$136.		1 \$136.00
17 (3)	\$16		33		\$528.		1 \$528.00
16 (3)	\$14		51		\$714.		1 \$714.00
15 (3)	\$12		82		\$984.		1 \$984.00
12 (2)	\$8		74		\$592.		1 \$592.00
8 (1)	\$5		24		\$120.		1 \$120.00
5 (1)	\$4		8		\$32.		1 \$32.00
4 (1)	\$3		8		\$24.		1 \$24.00
						TOTAL \$3,130.00	
B. COSTS OF COMPUTER PRODUCED REPORTS							
NA			288				
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
Five-year program plans for the Office of Medical Services - provides the basis for the Office Budget for future fiscal years.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION	
1 October 1970		DC/SD/OMS					

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

DC/SD/OMS

Classification

(22-36-43)



**SECRET**

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<b>REPORTS INVENTORY</b>						CONTROL NO. <b>OMS-17</b>					
PREPARE IN DUPLICATE											
1. TITLE OF REPORT (if a fill-in report include Form No.)  <b>SD-D Personnel ALPHA by Med codes by office</b>						2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STATISTICAL</td></tr> <tr><td>NARRATIVE</td></tr> <tr><td><input checked="" type="checkbox"/> MACHINE-NAME LISTING</td></tr> </table>		STATISTICAL	NARRATIVE	<input checked="" type="checkbox"/> MACHINE-NAME LISTING	
STATISTICAL											
NARRATIVE											
<input checked="" type="checkbox"/> MACHINE-NAME LISTING											
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL		TRAINING	ADMIN. GENERAL OTHER (specify)						
		LOGISTICS		SECURITY							
		<input checked="" type="checkbox"/> MEDICAL		FINANCE							
4. NO. OF COPIES PREPARED  <b>1</b>		5. FREQUENCY (weekly, monthly, quarterly, etc.)  <b>Quarterly</b>			6. DISTRIBUTION (No. of components not number of copies)  <b>1</b>						
7. FORMAT (memorandum, form computer print-out, etc)  <b>CPU Print-out</b>		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><b>230G</b></td> </tr> </table>			<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	<input type="checkbox"/> NO	<b>230G</b>	9. DIRECTIVE AUTHORITY REQUIRING REPORT  <b>Verbal of G/OPSERV</b>		
<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.										
<input type="checkbox"/> NO	<b>230G</b>										
10. PREPARING COMPONENT (include lowest level contributing information to report)  <b>OCS &amp; O/P &amp; OMS</b>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)							
<b>12. COST FACTORS</b>											
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>											
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR				
10	\$5.00	24		\$120.00	4		\$480.00				
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>											
				\$5.00	4		\$ 20.00				
<b>TOTAL COSTS PER YEAR</b>						<b>\$590.00</b>					
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  <b>OMS established requirement</b>											
<b>14. FUTURE GOALS</b>											
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> DISCONTINUE						<b>ESTIMATED SAVINGS</b>					
						MAN-HOURS	DOLLARS				
						96	\$480.00				
16. DATE OF INVENTORY <b>24 September 1970</b>		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION					

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<b>REPORTS INVENTORY</b>						CONTROL NO. <b>OMS-18</b>											
PREPARE IN DUPLICATE																	
1. TITLE OF REPORT (If a fill-in report include Form No.)  <b>SD-D Personnel      ALPHA by Med Code</b>						2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>STATISTICAL</td></tr> <tr><td><input type="checkbox"/></td><td>NARRATIVE</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>MACHINE-NAME LISTING</td></tr> </table>		<input type="checkbox"/>	STATISTICAL	<input type="checkbox"/>	NARRATIVE	<input checked="" type="checkbox"/>	MACHINE-NAME LISTING				
<input type="checkbox"/>	STATISTICAL																
<input type="checkbox"/>	NARRATIVE																
<input checked="" type="checkbox"/>	MACHINE-NAME LISTING																
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL	<input type="checkbox"/> TRAINING	ADMIN. GENERAL													
		<input type="checkbox"/> LOGISTICS	<input type="checkbox"/> SECURITY	OTHER (specify)													
		<input checked="" type="checkbox"/> MEDICAL	<input type="checkbox"/> FINANCE														
4. NO. OF COPIES PREPARED  <b>1</b>		5. FREQUENCY (weekly, monthly, quarterly, etc.)  <b>Quarterly</b>			6. DISTRIBUTION (No. of components not number of copies)  <b>1</b>												
7. FORMAT (memorandum, form computer print-out, etc)  <b>CPU Print-out</b>		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><b>230D</b></td> </tr> </table>			<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	<input type="checkbox"/> NO	<b>230D</b>	9. DIRECTIVE AUTHORITY REQUIRING REPORT  <b>Verbal of C/OPSERV</b>								
<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.																
<input type="checkbox"/> NO	<b>230D</b>																
10. PREPARING COMPONENT (include lowest level contributing information to report)  <b>OCS &amp; O/P &amp; OMS</b>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)													
<b>12. COST FACTORS</b>																	
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>																	
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR										
10	\$5.00	24		\$120.00	4		\$480.00										
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>																	
				\$5.00	4		\$ 20.00										
TOTAL COSTS PER YEAR						<b>\$500.00</b>											
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  <b>OMS established requirement.</b>																	
<b>14. FUTURE GOALS</b>																	
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> RETAIN AS IS</td> <td><input type="checkbox"/> OTHER (explain)</td> </tr> <tr> <td><input type="checkbox"/> CHANGE</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> DISCONTINUE</td> <td></td> </tr> </table>						<input type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)	<input type="checkbox"/> CHANGE		<input checked="" type="checkbox"/> DISCONTINUE		ESTIMATED SAVINGS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MAN-HOURS</td> <td>DOLLARS</td> </tr> <tr> <td align="center">96</td> <td align="center">\$480.00</td> </tr> </table>		MAN-HOURS	DOLLARS	96	\$480.00
<input type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)																
<input type="checkbox"/> CHANGE																	
<input checked="" type="checkbox"/> DISCONTINUE																	
MAN-HOURS	DOLLARS																
96	\$480.00																
16. DATE OF INVENTORY <b>24 September 1970</b>		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION  <b>Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7</b>				18. EXTENSION											

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Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

<b>REPORTS INVENTORY</b>					CONTROL NO. <b>OMS-19</b>							
PREPARE IN DUPLICATE												
1. TITLE OF REPORT (If a fill-in report include Form No.)  <b>ALPHA Listing of SD-D Personnel</b>					2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STATISTICAL</td></tr> <tr><td>NARRATIVE</td></tr> <tr><td><input checked="" type="checkbox"/> MACHINE-NAME LISTING</td></tr> </table>		STATISTICAL	NARRATIVE	<input checked="" type="checkbox"/> MACHINE-NAME LISTING			
STATISTICAL												
NARRATIVE												
<input checked="" type="checkbox"/> MACHINE-NAME LISTING												
3. FUNCTIONAL AREA		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/> PERSONNEL</td><td>TRAINING</td></tr> <tr><td>LOGISTICS</td><td>SECURITY</td></tr> <tr><td><input checked="" type="checkbox"/> MEDICAL</td><td>FINANCE</td></tr> </table>		<input checked="" type="checkbox"/> PERSONNEL	TRAINING	LOGISTICS	SECURITY	<input checked="" type="checkbox"/> MEDICAL	FINANCE	ADMIN. GENERAL OTHER (specify)		
<input checked="" type="checkbox"/> PERSONNEL	TRAINING											
LOGISTICS	SECURITY											
<input checked="" type="checkbox"/> MEDICAL	FINANCE											
4. NO. OF COPIES PREPARED  <b>2</b>		5. FREQUENCY (weekly, monthly, quarterly, etc.)  <b>Quarterly</b>		6. DISTRIBUTION (No. of components not number of copies)  <b>2</b>								
7. FORMAT (memorandum, form computer print-out, etc) <b>CPU Print-out</b>		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> YES</td> <td>IF YES GIVE ADP PROCESSING NO. <b>230B</b></td> </tr> <tr><td><input type="checkbox"/> NO</td><td></td></tr> </table>		<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO. <b>230B</b>	<input type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT <b>Verbal of C/OPSER</b>				
<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO. <b>230B</b>											
<input type="checkbox"/> NO												
10. PREPARING COMPONENT (include lowest level contributing information to report)  <b>OCS &amp; O/P &amp; OMS</b>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)								
<b>12. COST FACTORS</b>												
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>												
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	= COST PER YEAR						
<b>10</b>	<b>\$5.00</b>	<b>48</b>	<b>=</b>	<b>\$240.00</b>	<b>4</b>	<b>= \$960.00</b>						
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>												
				<b>\$6.00</b>	<b>4</b>	<b>\$ 24.00</b>						
<b>TOTAL COSTS PER YEAR</b>						<b>\$984.00</b>						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  <b>Clandestine Services, O/P, established requirement.</b>												
<b>14. FUTURE GOALS</b>												
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					ESTIMATED SAVINGS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MAN-HOURS</td> <td>DOLLARS</td> </tr> <tr> <td></td> <td></td> </tr> </table>		MAN-HOURS	DOLLARS				
MAN-HOURS	DOLLARS											
16. DATE OF INVENTORY <b>24 September 1970</b>		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION						

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

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Approved For Release 2008/05/24 : CIA-RDP75-00399R000100170002-7

<b>REPORTS INVENTORY</b>						CONTROL NO. <b>OMS-20</b>							
PREPARE IN DUPLICATE													
1. TITLE OF REPORT (if a fill-in report include Form No.)  <b>Listing of Medical Data on Contract Personnel</b>						2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%;">STATISTICAL</td></tr> <tr><td></td><td>NARRATIVE</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>MACHINE-NAME LISTING</td></tr> </table>			STATISTICAL		NARRATIVE	<input checked="" type="checkbox"/>	MACHINE-NAME LISTING
	STATISTICAL												
	NARRATIVE												
<input checked="" type="checkbox"/>	MACHINE-NAME LISTING												
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL		TRAINING	ADMIN. GENERAL								
		LOGISTICS		SECURITY	OTHER (specify)								
		<input checked="" type="checkbox"/> MEDICAL		FINANCE									
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)  <b>Monthly</b>			6. DISTRIBUTION (No. of components not number of copies)  <b>1</b>								
7. FORMAT (memorandum, form computer print-out, etc)  <b>CPU print-out</b>		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> YES</td> <td>IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input type="checkbox"/> NO</td> <td><b>308A</b></td> </tr> </table>			<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.	<input type="checkbox"/> NO	<b>308A</b>	9. DIRECTIVE AUTHORITY REQUIRING REPORT  <b>Office of Personnel</b>				
<input checked="" type="checkbox"/> YES	IF YES GIVE ADP PROCESSING NO.												
<input type="checkbox"/> NO	<b>308A</b>												
10. PREPARING COMPONENT (include lowest level contributing information to report)  <b>OCS and O/P and OMS</b>				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  <b>-----</b>									
<b>12. COST FACTORS</b>													
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>													
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR						
10	\$5.00	16		80	12		\$960.00						
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>													
							I do not know how many copies are made.						
TOTAL COSTS PER YEAR						\$960.00							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  <b>Contract Personnel - O/P established requirement.</b>													
<b>14. FUTURE GOALS</b>													
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">MAN-HOURS</td> <td style="width:50%;">DOLLARS</td> </tr> <tr> <td></td> <td></td> </tr> </table>		MAN-HOURS	DOLLARS				
MAN-HOURS	DOLLARS												
16. DATE OF INVENTORY <b>24 September 1970</b>		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION <b>Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7</b>					18. EXTENSION <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						

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Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

REPORTS INVENTORY						CONTROL NO. OMS-21											
<b>PREPARE IN DUPLICATE</b>																	
1. TITLE OF REPORT (if a fill-in report include Form No.) Obligation Status Report - Office of Medical Services Internal Only					2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING												
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL											
		LOGISTICS		SECURITY		OTHER (specify)											
<input checked="" type="checkbox"/> MEDICAL				FINANCE													
4. NO. OF COPIES PREPARED  7		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Quarterly			6. DISTRIBUTION (No. of components not number of copies)  8												
7. FORMAT (memorandum, form computer print-out, etc)  Memorandum		8. ADP PROCESSING <table border="1" style="width:100%;"><tr><td>YES</td><td>IF YES GIVE ADP PROCESSING NO.</td></tr><tr><td><input checked="" type="checkbox"/> NO</td><td></td></tr></table>			YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT  Director of Medical Services <del>XXXX</del>								
YES	IF YES GIVE ADP PROCESSING NO.																
<input checked="" type="checkbox"/> NO																	
10. PREPARING COMPONENT (include lowest level contributing information to report)  Services Branch, Support Division, Office of Medical Services				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  OCS - Obligation Status Report													
12. COST FACTORS																	
A. MANUAL PREPARATION AND REVIEW COSTS																	
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR										
GS-12 (1)	\$8	4		\$32	4		\$128.00										
GS-04 (1)	\$3	8		\$24	4		\$ 96.00										
						TOTAL	\$224.00										
B. COSTS OF COMPUTER PRODUCED REPORTS																	
TOTAL COSTS PER YEAR																	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  To advise management, on a quarterly basis, of the status of obligation of office funds.																	
14. FUTURE GOALS																	
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <table border="1" style="width:100%;"><tr><td><input checked="" type="checkbox"/> RETAIN AS IS</td><td><input type="checkbox"/> OTHER (explain)</td></tr><tr><td><input type="checkbox"/> CHANGE</td><td></td></tr><tr><td><input type="checkbox"/> DISCONTINUE</td><td></td></tr></table>						<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)	<input type="checkbox"/> CHANGE		<input type="checkbox"/> DISCONTINUE		ESTIMATED SAVINGS <table border="1" style="width:100%;"><tr><td>MAN-HOURS</td><td>DOLLARS</td></tr><tr><td></td><td></td></tr></table>		MAN-HOURS	DOLLARS		
<input checked="" type="checkbox"/> RETAIN AS IS	<input type="checkbox"/> OTHER (explain)																
<input type="checkbox"/> CHANGE																	
<input type="checkbox"/> DISCONTINUE																	
MAN-HOURS	DOLLARS																
16. DATE OF INVENTORY  1 October 1970		17. EXTENSION  25X1				18. EXTENSION  25X1											

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

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Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

<b>REPORTS INVENTORY</b>						CONTROL NO. <b>OMS-22</b>	
<b>PREPARE IN DUPLICATE</b>							
1. TITLE OF REPORT (If a fill-in report include Form No.)  Report of Accounting (OMS Imprest Fund)						2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS <input checked="" type="checkbox"/> MEDICAL		TRAINING SECURITY <input checked="" type="checkbox"/> FINANCE		ADMIN. GENERAL OTHER (specify)	
4. NO. OF COPIES PREPARED  3		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Monthly			6. DISTRIBUTION (No. of components not number of copies)  2		
7. FORMAT (memorandum, form computer print-out, etc)  Statistical		8. ADP PROCESSING YES <input type="checkbox"/> IF YES GIVE ADP PROCESSING NO. NO <input checked="" type="checkbox"/>			9. DIRECTIVE AUTHORITY REQUIRING REPORT  Director of Finance		
10. PREPARING COMPONENT (include lowest level contributing information to report)  Services Branch, Support Division, Office of Medical Services				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)  - Manual Report of Petty Cash Expenditures			
<b>12. COST FACTORS</b>							
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-12	\$8		1		\$8.00		\$96.00
GS-04			.5		\$1.50		\$18.00
							\$114.00 TOTAL
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>							
<b>TOTAL COSTS PER YEAR</b>							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  To provide the Office of Finance a detailed accounting of OMS petty cash expenditures on a monthly basis. Replenishment of imprest fund.							
<b>14. FUTURE GOALS</b>							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS	
16. DATE OF INVENTORY  1 October 1970						18. EXTENSION	

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

SECRET

Classification

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

## REPORTS INVENTORY

PREPARE IN DUPLICATE

OMS-23

1. TITLE OF REPORT (if a fill-in report include Form No.)

2. TYPE  
OF  
REPORT☒ STATISTICAL☐ NARRATIVE☐ MACHINE-NAME LISTING

Report of Encumbrances

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

ADMIN. GENERAL

LOGISTICS

SECURITY

OTHER (specify)

☒

MEDICAL

☒

FINANCE

4. NO. OF COPIES PREPARED

5. FREQUENCY (weekly, monthly, quarterly, etc.)

6. DISTRIBUTION (No. of components not number of copies)

3

Monthly

2

7. FORMAT (memorandum, form computer print-out, etc)

8. ADP PROCESSING

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Statistical

☐ YES

IF YES GIVE ADP PROCESSING NO.

☒ NO

Director of Finance

10. PREPARING COMPONENT (include lowest level contributing information to report)

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

Services Branch, Support Division,  
Office of Medical Services

Manual report identifying encumbrances on monthly basis.

## 12. COST FACTORS

## A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-12	\$8	3		\$24.00	12		\$28.00
GS-04	\$3	.5		\$ 1.50	12		\$18.00
							\$306.00 TOTAL

## B. COSTS OF COMPUTER PRODUCED REPORTS

--	--	--	--	--	--

## TOTAL COSTS PER YEAR

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

To provide the Office of Finance, on a monthly basis, a report of encumbrances by Fan Account Number.

## 14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

☒ RETAIN AS IS  
☐ CHANGE  
☐ DISCONTINUE

MAN-HOURS

DOLLARS

16. DATE OF INVENTORY

18. EXTENSION

1 October 1970

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

FORM 142

SECRET

(22-36-43)

25X1

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Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						OMS-24	
1. TITLE OF REPORT (If a fill-in report include Form No.)						2. TYPE OF REPORT	
Office Estimates - Office of Medical Services						<input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
<input checked="" type="checkbox"/> MEDICAL				FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not number of copies)			
11		Yearly		3			
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT			
Memo - Statistical		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		O/PPB - Reg. for Sub. Off. Est.			
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Services Branch, Support Division, Office of Medical Services				Request for submission of office estimates Obligation status report Budget fill worksheets and Report of encumbrances			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-18 (1)	\$17		1		\$17		\$17.00
GS-17 (1)	\$16		1		\$16		\$16.00
GS-15 (1)	\$12		3		\$46		\$46.00
GS-12 (2)	\$ 8		165		\$1,320		\$1,320.00
GS-05 (1)	\$ 4		16		\$64		\$64.00
GS-04 (1)	\$ 3		8		\$24		\$24.00
			194				\$1,487.00 TOTAL
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) MAN-HOURS DOLLARS	
16. DATE OF INVENTORY						18. EXTENSION	
1 October 1970							

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7



SECRET

Classification

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

REPORTS INVENTORY						OMS-25	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.)					2. TYPE OF REPORT		
Report of Accounting (Medical Supply)					<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING		
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
<input checked="" type="checkbox"/> MEDICAL				FINANCE			
4. NO. OF COPIES PREPARED		5. FREQUENCY (weekly, monthly, quarterly, etc.)			6. DISTRIBUTION (No. of components not number of copies)		
5		Monthly			2		
7. FORMAT (memorandum, form computer print-out, etc)		8. ADP PROCESSING			9. DIRECTIVE AUTHORITY REQUIRING REPORT		
Statistical		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Director of Finance		
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
Supply Branch, Support Division, Office of Medical Services							
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR
GS-09	\$6.	1			\$12.		\$72.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
To provide the Office of Finance a detailed accounting of OMS cash expenditures.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) MAN-HOURS DOLLARS	
16. DATE OF INVENTORY						18. EXTENSION	
1 October 1970							

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

OMS

SECRET

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

REPORTS INVENTORY					CONTROL NO. OMS-26	
<b>PREPARE IN DUPLICATE</b>						
1. TITLE OF REPORT (if a fill-in report include Form No.) Consolidated Report on Information Handling and ADP Management					2. TYPE OF REPORT <input checked="" type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA	PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)	
	LOGISTICS		SECURITY			
	<input checked="" type="checkbox"/> MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED  3	5. FREQUENCY (weekly, monthly, quarterly, etc.)  Semi-annual			6. DISTRIBUTION (No. of components not number of copies)  1		
7. FORMAT (memorandum, form computer print-out, etc) Memorandum	8. ADP PROCESSING <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES GIVE ADP PROCESSING NO.			9. DIRECTIVE AUTHORITY REQUIRING REPORT Memorandum for DDS/IPC dated 9 Dec 69 (Continued in number 11)		
10. PREPARING COMPONENT (include lowest level contributing information to report) Support Division, Office of Medical Services			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) (Number 9 continued): Subject: Consolidated Report on Information Handling and ADP Management			
12. COST FACTORS						
A. MANUAL PREPARATION AND REVIEW COSTS						
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	= COST PER YEAR
GS-12	\$8.	1				
GSP-11	\$7.	1				
GS-10	\$6.	1		\$21.00	2	\$42.00
B. COSTS OF COMPUTER PRODUCED REPORTS						
TOTAL COSTS PER YEAR						
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.						
14. FUTURE GOALS						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE					ESTIMATED SAVINGS MAN-HOURS DOLLARS	
16. DATE OF INVENTORY 2 October 1970					18. EXTENSION	

Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

SECRET

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Approved For Release 2006/05/24 : CIA-RDP75-00399R000100170002-7

<b>REPORTS INVENTORY</b>						CONTROL NO. <b>OMS-27</b>							
PREPARE IN DUPLICATE													
1. TITLE OF REPORT (If a fill-in report include Form No.) <b>Report of OMS Review Board Activities</b>						2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;"></td><td style="width:50%; text-align: center;">STATISTICAL</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;">NARRATIVE</td></tr> <tr><td></td><td style="text-align: center;">MACHINE-NAME LISTING</td></tr> </table>			STATISTICAL	<input checked="" type="checkbox"/>	NARRATIVE		MACHINE-NAME LISTING
	STATISTICAL												
<input checked="" type="checkbox"/>	NARRATIVE												
	MACHINE-NAME LISTING												
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL							
		LOGISTICS		SECURITY		OTHER (specify)							
<input checked="" type="checkbox"/>		MEDICAL		FINANCE									
4. NO. OF COPIES PREPARED  <b>1</b>		5. FREQUENCY (weekly, monthly, quarterly, etc.)  <b>Quarterly</b>		6. DISTRIBUTION (No. of components not number of copies)  <b>1</b>									
7. FORMAT (memorandum, form computer print-out, etc) <b>Memorandum</b>		8. ADP PROCESSING <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; text-align: center;">YES</td><td style="width:50%;">IF YES GIVE ADP PROCESSING NO.</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/> NO</td><td></td></tr> </table>		YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT  <b>OMS Regulation 15-6, 3 Jun 70</b>					
YES	IF YES GIVE ADP PROCESSING NO.												
<input checked="" type="checkbox"/> NO													
10. PREPARING COMPONENT (include lowest level contributing information to report)				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) <b>Report is prepared from minutes of the quarterly meeting of the OMS Review Board</b>									
<b>12. COST FACTORS</b>													
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>													
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR						
GS-17	\$16.00		1		\$16.00		4						
GS-8	5.00		1		5.00		4						
							\$64.00						
							20.00						
							\$84.00						
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>													
<b>TOTAL COSTS PER YEAR</b>													
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.													
<b>14. FUTURE GOALS</b>													
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS							
<input type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS    DOLLARS							
<input type="checkbox"/> CHANGE													
<input type="checkbox"/> DISCONTINUE													
16. DATE OF INVENTORY <b>9 Oct 70</b>		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION <b>DD/ORD</b>				18. EXTENSION							